

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/577742**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6		5				
7		(1)				
8	1					
9	1					
10		2				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24		(1)				
25		(1)				
26		(1)				
27		(1)				
28		(1)				
29		(1)				
30		(1)				
31		(1)				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38		(1)				
39		(1)				
40		(1)				
41		(1)				
42		(1)				
43		(1)				
44		(1)				
45		(1)				
46		(1)				
47		(1)				
48		(1)				
49	1					
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		(1)				
54		(1)				
55		(1)				
56		(1)				
57		(1)				
58		(1)				
59	1					
60		1				
61		1				
62	1					
63	1					
64		1				
65		2				
66		1				
67	1					
68		1				
69		2				
70		(1)				
71		(1)				
72		(1)				
73		(1)				
74	1					
75	1					
76		1				
77		1				
78		1				
79		3				
80		3				
81		3				
82		(1)				
83	1					
84		1				
85		1				
86		1				
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	86	←		←		←
TOTAL CLAIMS	100					